

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/509907**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3							53						
4							54						
5							55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10				1			60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24				1			74						
25				1			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31							81						
32				1			82						
33				1			83						
34							84						
35							85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			18				TOTAL DEP.						
TOTAL CLAIMS			20				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS